

Telephone: (516) 742-4343 Facsimile: (516) 742-4366 E-Mail: intprop@ssmp.com

FACSIMILE TRANSMISSION

To:

U.S. Patent and Trademark Office

Attention: Corrected Filing Receipt

Date:

March 28, 2002

Fax#

703-308-7751

Pages 3

From:

SCULLY, SCOTT, MURPHY & PRESSER

Re: Leonard Harrison, et al.

U.S. Patent Appln. No. 10/040,815

"IMMUNOREACTIVE AND

IMMUNOTHERAPEUTIC MOLECULES

Our Docket: 10308B

COMMENTS:

The Filing Receipt for the above-identified patent application has the total claim count incorrect. It should read: Tot Claims = 35.

Please send to us a corrected Filing Receipt with the information as it is shown on the pages to follow.

Thank you.

If there are any problems concerning this facsimile, please call (516) 742-4343 and ask for Rosemarie at Ext.596

CONFIDENTIALITY: The documents accompanying this facsimile transmission may contain information which is either confidential or legally privileged and is intended only for the authorized use of the individual or entity named above without right of publication or republication, dissemination or disclosure except as expressly set forth or established by course of dealing. All rights are reserved. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the contents of this facsimile is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for return of the documents.

SCULLY SCOTT



UNITED STATES PATENT AND TRADEMARK OFFICE

ER FOR PATENTS COMMISSIO RADEMARK OFFICE UNITED STATES PATENT AND NGTON, D.C. 20231

www.uspio.gov

correct

APPLICATION NUMBER

FILING DATE

GRP ART UNIT

FIL FEE REC'D

ATTY.DOCKET.NO DRAWINGS

IND CLAIMS

10/040.815

01/07/2002

1644

1374

10308B

CONFIRMATION NO. 4822

SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, NY 11530

TOT claims

OC000000007457516

FILING RECEIPT

Date Mailed: 02/11/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Leonard Harrison, St. Kilda, AUSTRALIA; Margo Honeyman, St. Kilda, AUSTRALIA; George Rudy, Glen Iris, AUSTRALIA; Andrew Lew, Essendon, AUSTRALIA;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A DIV OF 08/663,272 11/25/1996

Foreign Applications

AUSTRALIA PN 1239/95 02/20/1995 AUSTRALIA PN 5172/95 09/04/1995 PCT/AU96/00085 02/20/1996

If Required, Foreign Filing License Granted 02/11/2002

Projected Publication Date: 05/23/2002

Non-Publication Request: No

Early Publication Request: No

Title

Immunoreactive and immunotherapeutic molecules

P.03/03

UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No. 10308B

Total Pages in this Submission

Fee Calculation and Transmittal

			CLAIMS	AS FILED			
For	7	#Filed	#Allowed	#Extra		Rate	Fee
Total Claims	7	35	- 20 =	15	×	\$18.00	\$270.00
Indep. Claims	1	4	/ - 3 =	1	×	\$84.00	\$84.00
Multiple Dependent Claims (check if applicable)							\$280.00
BASIC FEE							\$740.00
OTHER FEE (specify purpose)							\$0.00
TOTAL FILING FEE							\$1,374.00

to cover the filing fee is enclosed. A check in the amount of \$1,374.00

☐ The Commissioner is hereby authorized to charge and credit Deposit Account No. as described below. A duplicate copy of this sheet is enclosed.

☐ Charge the amount of

as filing fee.

Credit any overpayment.

Charge any additional filing fees required under 37 C.F.R. 1.16 and 1/17.

☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowai

pursuant to 37 C.F.R. 1.311(b).

Dated: January 7, 2002

Registration No. 19,827

SCULLY, SCOTT, MURPHY & PRESSER

400 Garden City Plaza Garden City, NY 11530

(516) 742-4343

Leopold Presser

PIB/LP:dg cc: